Paid

Type or print name and title Print/Type preparer's name

Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2017

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١.	For the	2017 calen	ıdar year, or tax year	beginning	ال	uly 1	, 20 17, a	ınd endi	ng j	une 3	0	, 20 ₁₈	
3	Check if	applicable (Name of organization (Ohio Rural Electri	c Co	operatives, Inc				DE	mploy	er identification r	number
	Address		Doing business as			· <u></u>						51-0174617	
	Name ch	· ·	Number and street (or l	PO box if mail is not	deliv	ered to street add	ress)	Room/s	suite	EΤ	elepho	ne number	
	Initial retu	· I	6677 Busch Blvd									614-846-5757	
ī		n/terminated	City or town, state or p	rovince, country, and	ZIP o	or foreign postal co	ode						
ī	Amended		Columbus, Ohio 432	29						GG	iross re	eceipts \$	6,894,535
ī		_	F Name and address of p	_					H(a) Is this	a group r	eturn for	subordinates? Ye	
		5 pos	·	·				Λ(II			s included? TYe	_
	Tax-even	npt status	501(c)(3)	✓ 501(c) (6)	∢ (ir	sert no.) 1 4947	(a)(1) or	150				a list (see instructi	
<u> </u>	Website:		ohioruralelectric.co		- (<u> </u>	 _	H(c) Gro	up exe	mption	number >	
<u> </u>			Corporation Trust		Othe		L Yea	ar of form				of legal domicile	ОН
Р	art I	Summa					1						
			scribe the organizat	ion's mission or	mos	t significant a	ctivities.	To sa	feguard, en	hance	and o	optimize the	
به			ent for electric coope										
anc		CITYTOTITIC	in tor ciccuito coope	idayos operanis			·						
Activities & Governance	2	Check this	s box ▶☐ if the org	anization discon	tını	ed its operation	ns or di	sposed	of more th	an 25	% of	its net assets.	
Š			of voting members of								3		24
<u>ග</u>			of independent votin					line 1h	 .)	•	4		24
es	1		ber of individuals e	•	_		•		,	•	5		0
ž			ber of volunteers (e			•		, Lu,		•	6		0
5	1		elated business reve		-					•	7a		417,546
`			ated business taxab					, , ,		•	7b		(245,416)
	-	INCL UITICIE	ited business taxac	ile income irom		SPG II. WYO	<u> </u>		Prior	Year		Current Y	
	8	Contributi	ons and grants (Pa	rt VIII line 1h)	1.5	11011 4 0		S		2 00	0,902		4,100,902
ē	1		service revenue (Pa		iii	.NOV.1.3	2018	OS(4,702	i	2,793,633
Revenue		-	nt income (Part VIII,			 1 and 7d)		IRS		2,70	4,702 0		2,733,033 0
æ			enue (Part VIII, colu				114/17	= =					
			nue—add lines 8 thi					00:42		6 74	5,604		6,894,535
			d similar amounts p					10~12)		0,74	ارون د ۱		0,000,000
	1		aid to or for memb	•				• •			0		
	1	-	ther compensation,				 Δ) lines	 5_10)		2 02	5,788		3,236,381
Ses	1		nal fundraising fees				, III 100	0 .0,		2,33	. <u>5,766</u> 0		<u>3,230,301</u>
Expenses	1		Iraising expenses (F	•		· ·		• •					
찣	1		enses (Part IX, colu							3 80	3,638		3,711,623
	18	-	enses. Add lines 13					 5)			9,426		6,948,004
	19	-	less expenses. Sub					,, ·			6,178		(53,469)
_ 4	,	Tievenue i	ess expenses. out	tractime to non		, , , , , ,		• •	Beginning of				
Net Assets or	20	Total acco	ets (Part X, line 16)									-	
ASSE	21		lities (Part X, line 10)								2,249		3,874,714
<u> </u>	22		s or fund balances.	,							0,380		2,299,155
	art II			Subtract line 21	ITOI		• • •		1	1,40	1,869	Ч	1,575,559
			ure Block	raminad this satisfic		na accompanies	cohodula	c and ata	tements and	to the b	ect of	my knowledge as	d belief it is
tru	ider penal ie, correct	mes or perjury	y, I declare that I have ex ete Declaration of prepar	er (other than officer)	is ba	sed on all informat	tion of whi	s and stat ch prepai	rer has any kn	owledge	6 6	my knowledge an	io dellet, it is
		11 11	11,01	$\alpha (a + b)$	7	>			•			7/14	
Si	gn	Signa	iture of officer	V W	$\frac{\mathcal{L}}{\mathcal{L}}$	3			<u>-</u>	Date	1/ 1	14-10-	
	ere		William A	. Rober	[_	118-5		CO 4	(FC				
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self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form **990** (2017) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Date

Preparer's signature

PTIN

Check [] If

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ü	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			000	1 (004 -

Form 99	0 (2017)		1	Page 4			
Part	V Checklist of Required Schedules (continued)						
			Yes	No			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	<u> </u>	✓			
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	-	 			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated		,				
04-	employees? If "Yes," complete Schedule J	23	✓	 			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b						
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			1			
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		 			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ļ				
	If "Yes," complete Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any						
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ	ľ				
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		/			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	L .					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ŀ				
_	Schedule L, Part IV	28b		/			
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	1			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M	30	ļ	✓			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l					
32	Part I	31		/			
J 2	complete Schedule N, Part II	32		1			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			†			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
05-	or IV, and Part V, line 1	34	✓	<u> </u>			
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	 			
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	/				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000	-	 			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,			
	Part VI	37		/			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		1			
	Teter To the obstance and responde to complete contours of	_ JO	_ ▼				

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75	<u>-</u>	103	100
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	, ,		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	7	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		7
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		J
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 •
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1 1
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	ł		
•	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		i	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	_		
b	Enter the amount of reserves the organization is required to maintain by the states in which]	
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand	14a		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	/

	30 (2017)			Page 0
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	···		· <u>LJ</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
р	Enter the number of voting members included in line 1a, above, who are independent . 1b 24	{		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
L	one or more members of the governing body?	7a	√	<u> </u>
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	,5		
а		-		—
b	The governing body?	8a 8b	1	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	\	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	>	
b	Other officers or key employees of the organization	15b	\	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<u></u> -	 -	ابا
L		16a		✓
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	policy	, and
	financial statements available to the public during the tax year.	•	•	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords.	. ▶	
	William A. Roberts, 614-430-7802, 6677 Busch Blvd, Columbus, Ohio 43229			

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compensated Employees,	and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization noi	r any relate	d org	anız	atıo	n c	ompe	nśa	ited any curren	t officer, director	, or trustee.
				(0	•					
(A)	(B)	4-1		Posi				(D)	(E)	(F)
Name and Title	Average					than c is both		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from related	amount of
	week (list any hours for	Individual trustee or director	Ins	Officer	Ke	ніс Эін	Fo	from the	organizations	other compensation
	related	direct	tt ct	Ğ,	y en	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	항트	92		Key employee	ee co	•	(W-2/1099-MISC)		organization and related
	line)	trus	3		yee	пре				organizations
		ee	Institutional trustee			Highest compensated employee				
		<i>,</i>	7 0			EG.				
(4) 5 444 41 11		/								
(1) Daniel McNauli	5.2 6.1	//					1	3,550	ا	0
Oirector (2) David Miller	2.0 /	_					Ť	3,550		
Director	0.1	1					1	1,500	٥	0
(3) Edward Sanders	2.0	<u> </u>			_		Ť	1,300		
Director	0/4	1					1	800	a	0
(4) Shirley Stutz	Ã.0					-	Ė	000	<u> </u>	
Director	/0.0	1					1	2,650	o	0
(5) Thomas Alban	/ 0.0						Ė	2,000		
VP Power Generation	40.0			1				o	218,047	78,971
(6) Craig Grooms	3.2						ı		,	
VP Market Operations /	36.8			1				17,411	200,224	79,111
(7) Douglas Miller	28.0									
VP Statewide Services /	12.0	}		✓				163,467	70,057	160,564
(8) Patrick O'Loughlin /	9.0									
President & CEO/	36.0	<u> </u>	_	✓				119,765	479,060	238,684
(9) James Pamisano /	2.0]								
Asst. Secretary & Asst. Treasurer /	38.0		L	✓				7,634	145,050	64,107
(10) William Roberts	8.0									
VP Finance & CFO	32.0		$oxed{oxed}$	✓				57,576	230,303	102,096
(11) Kurt Helfrich	5.2									
General Council, Asst. Secretary	34.8			✓					0	0
(12) Brian Calvert	0.0	į								
Operations & Maintenance Manager	40.0					1		c	149,518	32,202
(13) Paul Jackson	0.0]								
Manager Power Generation Assets	40.0					✓	1		149,791	40,233
(14) Randell Keefer	0.0									
Manager Power Generation Performance	40.0					✓		<u> </u>	154,400	50,350
										Form 990 (2017)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (c		ed)
		1]			C)						·
	\((A)	(B)	(40.0			ition	a than a		(D)	(E)		(F)
	Name and title	Average					e than d is both		Reportable	Reportabl		Estimated
	\	hours per week (list any		er and	_	rect	or/trust	`	compensation	compensation related	from	amount of other
	\	hours for	Individual trustee or director	Inst	Officer	Ş.	emp	Former	the	organizatio		compensation
		related organizations	le d	Institutional trustee	cer	Key employee	rest	Пer	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from the organization
	\	below dotted	Q a	onal		힣	eon	1	(44-271099-14113C)			and related
	\	line)	uste	ž		ee	nper					organizations
	\		8	stee			Highest compensated employee					
(4.5)			<u> </u>			_	ä	<u> </u>		 		
	reg Niese	8.0	ł				,					
	or Information Technology	32.0					/	1	29,279	117	7,114	103,578
	charlotte Stout	3.2	-	l			,				İ	
Contro	ller \	36.8				_	/	├	11,462	131	1,819	50,651
(17)	\	ļ	}									
(4.0)						<u> </u>					$-\!\!\!+$	
(18)	-		ł									
(4.0)						\vdash					-	
(19)		}	-									
(00)		 \ 		\vdash				ļ			- -	
(20)		ļ \	ł									
(24)				Н				ļ			-+	
(21)		 }	1						1			
(00)	<u> </u>	 		\vdash			-	├			-+	
(22)	•••••	 		l I								
(22)			\	Н					-			
(23)			\	LΙ							i	
(24)						 					-+	
(24)	•••••	 	-								- 1	
(25)		-			1	-						
1201		 	1								ŀ	
	Sub-total			LJ					415.004	2.04	- 202	4 000 547
C	Total from continuation sheets to Part		 n Δ	•	•		/.		415,094	2,043	5,383	1,000,547
_	Total (add lines 1b and 1c)	-		•	•	•	/					
2	Total number of individuals (including but						above	1/2	the received m	oro than \$10		
_	reportable compensation from the organi		וו טו	1036	1151	.eu	above	3) VÝ	Ino received in	Die man on	,000	OI .
	· · · · · · · · · · · · · · · · · · ·	24110111							\			Yes No
3	Did the organization list any former of	ficer direc	tor. c	or tr	uste	ee.	kev e	eme	olovee or high	est comper	nsated	
	employee on line 1a? If "Yes," complete											3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fro	ım the	
-	organization and related organizations											
	individual			. 1								4
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsat	ion	froi	m any	un/	related organiz	ation or ind	ıvıdual	1 1 1
	for services rendered to the organization									.\.		5
Section	on B. Independent Contractors									$\overline{}$		
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more that	n \$100.	.000 of
	compensation from the organization. Rep											
	year.							-	_		1	
	(A)	-							(8)		_/	(C)
	Name and business add	ress							Description of s	ervices	C	Compensation
					_							-
		****					_					
2	Total number of independent contractor	rs (ıncludır	ng bu	it no	ot I	ımıt	ed to	th	ose listed abo	ove) who		
	received more than \$100,000 of compens	ation from t	the or	ganı	ızatı	ion l	>					

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Page 7

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization	n nor any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dennis Schindler	4.0									
Chairman	0.3	✓		✓				10,200	o	•
(2) Gene McCluer	2.5									
Vice Chairman	1.0	✓		✓				6,400	о	(
(3) Paul Berridge	2.0									
Secretary - Treasurer	0.0	✓		✓				5,750	0	
(4) Stephen Huff	2.5									
Director	0.0	✓						4,475	o	(
(5) Thomas McQuiston	3.5									
Director	0.8	✓						4,075	0	(
(6) Robert McCort	3.0									
Director	0.8	✓					<u> </u>	5,050	0	
(7) Donald McCracken	4.0	!								
Director	0.0	✓						4,650	0	
(8) Matt Webster	1.5						İ			
Director	1.5	✓						0	o	
(9) Kevin Reidy	2.0									
Director	2.0	✓						0	0	
(10) Robert Wise	2.5									
Director	0.0	✓			<u> </u>			5,350	o	
(11) Ed Bay	20									
Director	1.0	✓						1,600	0	(
(12) David Corbin	2.0									
Director	0 0	✓						3,550	_ 0	
(13) Barry Jolliff	2.5									
Director	0.0	✓						4,700	o	
(14) Jack Schmidt	4.8									 -
Director	0.0	✓						4,825	o	(

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	, ar	nd H	lighes	st C	ompensated E	mployees (co	ntınued)	
					•	C)						
	(A)	(B)	/d= =	-4 -L	Position (D)			(E)	i	(F)		
	Average					s than o		Reportable	Reportable	ļ	Estimated	
		hours per					or/trust		compensation	compensation from related	om	amount of
		week (list any hours for	익	sul	Q.	6	em	5	from the	organizations	- 1 .	other compensation
		related	d five	鼍	Officer	y er	ples	Former	organization	(W-2/1099-MIS		from the
		organizations below dotted	당교	9	`	[]	e c		(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	ᇜ		Key employee	ā					organizations
		,	lee	Institutional trustee		"	Highest compensated employee					Ū
]		ř			ated					
(15) V	Varren Taylor	2.7	-				-		-			
Directo		0.3	✓						5,050		o	0
(16) J	ames McConnell	6.0										
Directo		0.8	✓						4,475		o	0
(17) R	oger Rank	2.5				[
Directo		0.0	✓						4,300		_ ol	0
(18) N	Ntchel Headley	1.0										
Directo		0.0	1						5,525		o	0
(19) C	r. John Saxton	2.0										
Directo		0.0	✓						4,600		o	0
	ed Black	2.0										
Directo		1.0	✓					ŀ	3,900		o	0
-	larold Cooper	4.0										
Directo		0.0	1	1	ŀ				4,300		o	0
	awrence Weirich	4.5							·	-		
Directo		1.0	✓					1	3.500		o	0
	eff Wilson	3.0							·			
Directo		1.0	✓						4,075		o	0
	Betty Martin	2.0							,,,,,,		1	
Directo	or	1.0	1						2,750		o	0
	ack Kitchel	3.0										
Directo		0.3	1				•	1	4,825		o	0
	Sub-total		٠	٠.	•			▶	107,925		0	0
С	Total from continuation sheets to Part	VII. Sectio	n A					•	415,094		183	1,000,547
d	Total (add lines 1b and 1c)							▶	523,019			1,000,547
2	Total number of individuals (including but							e) w	•			
	reportable compensation from the organi							-,				
										-		Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compens	ated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	ıvıdı	Jal				. [3 ✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble (con	npei	nsatio	n a	and other comp	ensation fron	ո the	
	organization and related organizations	greater th	an \$	150,	000	2 1	f "Ye	s,"	complete Sch	nedule J for	such	
	ındıvıdual										. [4 🗸
5	Did any person listed on line 1a receive of									zation or indiv	idual 🏻	
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	nedu	ıle J f	for s	such person		· [5 ✓
Section	n B. Independent Contractors	•										
1												
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	те с	alend	iar y	year ending wit	h or within the	e organ	ızatıon's tax
	year.											
	(A) (B) (C)											
	Name and business address Description of services Compensation					npensation						
Thomp	son & Hine, LLP, 41 South High Street, Colu	mbus, Ohio	4321	5				Leg	gal			436,472
								_				
								H	 			 -
				_				-				
2	Total number of independent contractor	ors (includir	na bi	ıt n	ot !	lmit	ed to) th	nose listed abo	ove) who		
-	received more than \$100,000 of compens							- 11	1	2.0,		

Part	VIII	Statement of Revenue			-		<u>.</u>
		Check if Schedule O contains a resp	oonse or note to				<u></u> . 🗆
		_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Grants	b	Membership dues 1b	4,100,902				
An An	С	Fundraising events 1c					
흁	d	Related organizations 1d			İ		
Sir	e f	Government grants (contributions) All other contributions, gifts, grants,			j		`
utic Her	•	and similar amounts not included above	ĺ		i		
Contributions, Gifts, Grants ard Other Simılar Amounts	g	Noncash contributions included in lines 1a-1f \$					
Cor	h	Total. Add lines 1a–1f	▶	4,100,902			
ne			Business Code				
ven	2a	Trade Magazine Subscriptions	900099	2,376,087	2,376,087		
e Re	b	Advertising Revenue	511120	417,546		417,546	
Zic	C						
Se (d						
Jran	e f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f	•	2,793,633	I		
	3	Investment income (including divid-	ends, interest,	2,700,000			· · · · · · · · · · · · · · · · · · ·
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	Royalties					
	_	(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses Rental income or (loss)		ļ			
	d	Net rental income or (loss)	>	<u> </u>			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses .					
	C	Gain or (loss)	<u> </u>			····	
	d	Net gain or (loss)	· · · · · >			_	
venue	8a	Gross income from fundraising events (not including \$					
Other Rever		of contributions reported on line 1c) See Part IV, line 18 a					
ott		Less: direct expenses b	L		1		
		Net income or (loss) from fundraising	events . ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a					!
		Less direct expenses b					
	b	Net income or (loss) from gaming acti					
		Gross sales of inventory, less					
		returns and allowances a					•
	ь	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory ►	6,894,535	2,376,087	417,546	
		Miscellaneous Revenue	Business Code	7			
	11a						
	b						
	c d	All other revenue					
	e	Total. Add lines 11a–11d	•				
	12	Total revenue. See instructions	}-	6,894,535	2,376,087	417,546	

Part IX	Statement of Functional Expenses
	Clutchicht of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· -
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	523,019			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	323,013			
7	Other salaries and wages	1,664,154			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	467,544			
9	Other employee benefits	423,705			
10	Payroll taxes	157,960			
11	Fees for services (non-employees):			ŀ	
a	Management				
b	Legal	319,072			
c d	Accounting	19,500			_
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	177,554			
14	Information technology			_	
15	Royalties				
16	Occupancy	263,167	<u> </u>		
17	Travel	202,925	<u> </u>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	48,748			
20	Interest				-
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	550,568			
24	Other expenses. Itemize expenses not covered	33,611			
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Magazine Printing	967,265			
b	Magazine Postage	614,376			
С	Education Programs	211,328			
d	Freelance/Outside Services	211,400			
е	All other expenses	92,108			
25	Total functional expenses. Add lines 1 through 24e	6,948,004			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

٢	art λ	Balance Sneet					
		Check if Schedule O contains a response or	note	to any line in this Part	tX	· · ,	<u></u> 🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			268,806	1	258,833
	2	Savings and temporary cash investments		[. 0	2	0
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[614,280	4	803,558
	5		Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest co	mpen	sated employees.			
		Complete Part II of Schedule L	•			5	
	6	Loans and other receivables from other disqualified pers	•			ŀ	
		4958(f)(1)), persons described in section 4958(c)(3)(B), an					
		sponsoring organizations of acction 501(c)(9) volum					
sts		organizations (see instructions). Complete Part II of Sche		 		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use		-		8	
	9	Prepaid expenses and deferred charges			75,959	9	175,176
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D					,
		•	10u	4,569,922		100	
		Less accumulated depreciation	10b	2,152,778	2,588,591	11	2,417,144
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1				12	
	13	Investments—program-related. See Part IV, line		_		13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11			254,613		220,003
	16	Total assets. Add lines 1 through 15 (must equa			3,802,249	_	3,874,714
	17	Accounts payable and accrued expenses			925,622		1,138,597
	18	Grants payable				18	,,
	19	Deferred revenue			206,077	19	105,893
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D .		21	
S	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen		· · · · · · · · · · · · · · · · · · ·			
ap		disqualified persons. Complete Part II of Schedu				22	
	23	Secured mortgages and notes payable to unrela				23	<u> </u>
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines of Schedule D		· · ·		05	
	06			<u> </u>	1,268,681		1,054,665
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)			2,400,380	20	2,299,155
S		complete lines 27 through 29, and lines 33 and		ok liele > _ alla			
Ë	27	Unrestricted net assets				27	
Sala	28	Temporarily restricted net assets				28	
O E	29	Permanently restricted net assets				29	
ڃ		Organizations that do not follow SFAS 117 (ASC 95					
7		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or ed		<u>-</u>	675		675
ţ	32	Retained earnings, endowment, accumulated in			1,401,194		1,574,884
Š	33	Total net assets or fund balances		_	1,401,869		1,575,559
	34	Total liabilities and net assets/fund balances .		· · · · · · · ·	3,802,249	34	3,874,714
							Form 990 (2017)

_	4	
Page	1	4

	35 (25 11)		га	ge iz
Part				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		6,89	4,535
2	Total expenses (must equal Part IX, column (A), line 25)		6,94	8,004
3	Revenue less expenses. Subtract line 2 from line 1		(5:	3,469)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,40	1,869
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		22	7,15 <u>9</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,57	5,559
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		✓
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	→	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	,	Fort	n <mark>990</mark>	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, ,.					
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.		F	Aidi Ai
	of organization			' '	tification number
	Rural Electric Cooperatives,	Inc.			51-0174617
Part		e organization is exempt und			
1	•	f the organization's direct and inc	direct political ca	ampaign activities in Part	IV. (see instructions for
_	definition of "political car			► ¢	
2		ty expenditures (see instructions) .			
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization	_		
3	•	ed a section 4955 tax, did it file For	•		= =
4a					Yes No
b Part	If "Yes," describe in Part	e organization is exempt und	or section 501/	c) except section 501	(0)(3)
					(0)(3).
1	activities	ly expended by the filing organiz	ation for section	527 exempt function	
_				ramizations for section	
2		filing organization's funds contrib			
_		expenditures. Add lines 1 and 2.			
3		expenditures. Add lines 1 and 2.			
4		n file Form 1120-POL for this year			Yes No
•					
5		ses and employer identification nur ents. For each organization listed, i			
		ontributions received that were pro-			
		I fund or a political action committe			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					
(2)		ļ			
(3)					
					<u> </u>
(4)		ļ			
		_	<u> </u>		
(5)		ļ			
			_		
(6)			}		

	_		•
•	⊃ຂຕ	ю	4

	•	•					
Par	t II-A	A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election und section 501(h)).					
A C	Check >	neck In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
в	heck ►	if the filing organization che			-		
			bbying Expendit	<u>-</u>		(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.)	organization's totals	group totals
1a		bbying expenditures to influen					
b	Total lo	bbying expenditures to influen-	ce a legislative bo	dy (direct lobbying	g)		
C	Total lo	obbying expenditures (add lines	1a and 1b) .				
d	Other of	exempt purpose expenditures					
е		xempt purpose expenditures (a		,			
f	Lobby	ng nontaxable amount. Ente ns.	r the amount fr	om the following	table in both		
	If the ar	mount on line 1e, column (a) or (b)	s: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e			6. 7. 1. 1.
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	7.1	1,,
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	F. A.X	E 3 7 4 7
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				2.1	3 14 12	
	Over \$17,000,000 \$1,000,000.				, ,	٠, ٠	
_	g Grassroots nontaxable amount (enter 25% of line 1f)						
	h Subtract line 1g from line 1a. If zero or less, enter -0						
1	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?					Yes No	
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							ns below.
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobby	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))					
C	Total lo	obbying expenditures					
d	Grassr	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))			-	_	
f	Grassr	oots lobbying expenditures					

(election under section 501(h)).			(b)		
h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6				
on of the lobbying activity.	Yes	No	- Amo	ount	
iring the year, did the filing organization attempt to influence foreign, national, state or local					
dislation, including any attempt to influence public opinion on a legislative matter or					
					
		-	1		
			 		
			 		
• •			 	_	
· · · · · · · · · · · · · · · · · · ·				_	
her activities?					
tal. Add lines 1c through 1i					
d the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
		ľ			
			,		
	<u></u>	İ	<u> </u>		
)(5),	or se	ction		
30 1(C)(0).				es No	
ore substantially all (00% or mare) dues reserved pendeductible by members?				es 140 ✓	
				-	
				<u> </u>	
				ne 3, is	
ues, assessments and similar amounts from members	•	1	1	 4,100,902	
	of				
olitical expenses for which the section 527(f) tax was paid).					
		2a		0	
arryover from last year		2b	<u> </u>	0	
		-	<u> </u>	0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	<u> </u>	0	
cess does the organization agree to carryover to the reasonable estimate of nondeductible lobby dispolitical expenditure next year?			_		
a political experioriture flexit year?			i .		
xable amount of lobbying and political expenditures (see instructions)		5	-	0	
	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of: lunteers? Id staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? Idings to members, legislators, or the public? Iblications, or published or broadcast statements? Interest other organizations for lobbying purposes? It is other organizations for lobbying purposes? It is other organizations, seminars, conventions, speeches, lectures, or any similar means? It is demonstrations, seminars, conventions, speeches, lectures, or any similar means? It is demonstrations to through 1i If the activities in line 1 cause the organization to be not described in section 501(c)(3)? Yes," enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912 In the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? In the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization make only in-house lobbying expenditures of \$2,000 or less? If the organization agree to carry over lobbying and political campaign activity expenditures from the Conflict of the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." It is, assessments and similar amounts from members It is of the organization of the section 527(f) tax was paid). It is a section 162(e) nondeductible lobbying and political expenditures (do not include amounts litical expenses for which the section 527(f) tax was paid). It is a section 162(e) dues .	ring the year, did the filing organization attempt to influence foreign, national, state or local instation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of: lunteers? did staff or management (include compensation in expenses reported on lines 1c through 1i)? did advertisements? distaff or management (include compensation in expenses reported on lines 1c through 1i)? did advertisements? blications, or published or broadcast statements? ants to other organizations for lobbying purposes? ect contact with legislators, their staffs, government officials, or a legislative body? lillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? the activities in line 1 cause the organization to be not described in section 501(c)(3)? Yes," enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912 he filling organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or the organization make only in-house lobbying expenditures of \$2,000 or less? dithe organization make only in-house lobbying expenditures of \$2,000 or less? dithe organization make only in-house lobbying expenditures of \$2,000 or less? dithe organization make only in-house lobbying and political campaign activity expenditures from the prior 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes." les, assessments and similar amounts from members ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of litical expenses for which the section 527(f) tax was paid). Intervover from last year	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of: lunteers? did staff or management (include compensation in expenses reported on lines 1c through 1i)? did advertisements? allings to members, legislators, or the public? blications, or published or broadcast statements? anis to other organizations for lobbying purposes? ect contact with legislators, their staffs, government officials, or a legislative body? lilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? the activities? tal. Add lines 1c through 1i di the activities in line 1 cause the organization to be not described in section 501(c)(3)? Yes," enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912 he filling organization incurred a section 4912 tax, did it file Form 4720 for this year? A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6). The substantially all (90% or more) dues received nondeductible by members? di the organization make only in-house lobbying expenditures of \$2,000 or less? di the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part answered "Yes." consider the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part answered "Yes." consider the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part answered "Yes."	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of: Uniteers?	

Schedule C (For	rm 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continu	
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identification number
<u>Ohi</u> o R	ural Electric Cooperatives, Inc.		51-0174617
Par	3		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the benefit conferring impermissible private benefit?		or any other purpose
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. <b>2a</b>
b	Total acreage restricted by conservation easemen	nts	<b>2b</b>
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register	(c) acquired after 7/25/06, and not	
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguished, or teri	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspecti  \$\$\$	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Pari	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under Sf		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relatively	ir assets held for public exhibition, ed	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar following amounts required to be reported under s	t, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990. Part X		• •

Part		<b>Organizations Maintaining</b>	Collections of	Art, His	torical 1	Treasures,	or Ot	her Similar A	ssets (conti	nued)
3		the organization's acquisition, tion items (check all that apply)	accession, and o	ther reco	rds, chec	k any of the	e follov	ving that are a	significant us	e of its
а	☐ Pu	blic exhibition		d	☐ Loan	or exchang	le prog	rams		
b	☐ Sc	holarly research								
С	☐ Pr	eservation for future generations	5				•••••			
4	Provid	e a description of the organizat	tion's collections	and expla	ain how t	hey further	the org	janization's exc	empt purpose	ın Part
5		the year, did the organization								
		to be sold to raise funds rather		ained as i	part of the	e organizati	on's co	llection? .	· 🗌 Yes	□ No
Part		Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes				·	•		orm
1a		organization an agent, trustee ed on Form 990, Part X?							not · □ Yes	□ No
b	If "Yes	s," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able [.]				
					_				Amount	
С	Begin	ning balance					10			
d	Addıtı	ons during the year					1d			
е		outions during the year					1e			
f	Ending	g balance					1f			
2a	Did th	e organization include an amoui	nt on Form 990, P	art X, line	21, for e	escrow or cu	ustodia	account liabili	ty? 🗌 Yes	☐ No
b		s," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provide	ed on Part XIII		
Part	V	Endowment Funds.								
		Complete if the organization								
			(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four yea	rs back
1a		ning of year balance						_		
b		butions								
С		vestment earnings, gains, and								
d	Grants	or scholarships								_
е	Other	expenditures for facilities and								
	progra	ıms		İ						
f	Admir	istrative expenses						<u>-</u>		
g	End o	fyear balance				L				
2		le the estimated percentage of t			e (line 1g	j, column (a)	)) held a	as.		
а	Board	designated or quasi-endowmer	nt ►	%						
b	Perma	nent endowment	%							
С	Temp	orarily restricted endowment	%							
	The p	ercentages on lines 2a, 2b, and	2c should equal 1	00%.						
За	Are th	ere endowment funds not in the	e possession of tl	ne organi	zation th	at are held	and ad	ministered for	the	
	organ	zation by:							Ye	s No
	(i) un	related organizations							. 3a(i)	
	(ii) rel	ated organizations							. 3a(ii)	
b		s" on line 3a(ii), are the related o							. 3b	
4	Descr	be in Part XIII the intended uses		on's endo	wment f	unds.				
Part	VI	Land, Buildings, and Equip			_				<del></del>	
		Complete if the organization	answered "Yes	on For	m 990, l	Part IV, line	e 11a. :	See Form 990	), Part X, line	<u> 10.                                    </u>
		Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book va	lue
1a	Land					175,988				175,988
b	Buildii	ngs				3,138,842		1,529,818		609,024
C		hold improvements				175,958		123,029		52,929
d	Equip	ment				1,079,134		499,931		579,203
е		<u></u>								
Total.	Add Iır	es 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	K, columr	n (B), line 10	lc.) .		2.	417,144

Part VII	Investments – Other Securities. Complete if the organization answ		rm 990	) Part IV line	11b See Form	990 Part X line 12
	(a) Description of security or category (including name of security)			Book value	(c) Me	thod of valuation I-of-year market value
(1) Financial	derivatives					
	neld equity interests					
	· · · · · · · · · · · · · · · · · · ·					
(A)						
(B)					<u> </u>	
(C)						
(D)						
(E)						
(F)						<del>-</del>
(G)						
(H)	h) — and a mad Form 2000 Part V and (Pl. line 12.)					
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related	l			_	
Part VIII	Complete if the organization answ		rm qar	) Part IV line	11c See Form	1 990 Part X line 13
	(a) Description of investment	Wered Tes Office		Book value		thod of valuation
	(a) bescription of investment		(3)	BOOK VAIGO		d-of-year market value
(1)		·				
(2)		_ <del></del> _				
(3)	-					
(4)						
(5)						
(6)			I			
(7)	- "					
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 13.)					
Part IX	Other Assets. Complete if the organization ansi		rm 990	), Part IV, line	11d. See Forn	n 990, Part X, line 15.
(4) 455411	<u> </u>	) Description				<del>                                     </del>
(1) 457(b) P						105,543
	ship Patronage Fees					114,460
(4)		<u></u> ,				
(5)		<del></del>				
(6)						
(7)	-			<u> </u>		
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15 ) .		<u> </u>	<u>.</u> ▶	220,003
Part X	Other Liabilities.					
	Complete if the organization ansiline 25.		rm 990	D, Part IV, line	e 11e or 11f. Se 	e Form 990, Part X,
T	(a) Description of hability	(b) Dook value				•
(1) Federal in			]			
	Post Retirement Benefit Obligations	1,0	54,665			
(3)						
(4)		***************************************				
(5)						
(7)						
(8)		-				
(9)			-			
	(b) must equal Form 990, Part X, col. (B) line 25)	1 0	54,665			
	r uncertain tax positions. In Part XIII, provi			the organization	's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	•		•	Return.	
	Complete if the organization answered "Yes" on Form 990,			-	
1	Total revenue, gains, and other support per audited financial statements			1	6,894,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1			
a	Net unrealized gains (losses) on investments	2a		4	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)			<del> </del>	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	i . i		3	6,894,535
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	-		<del>- </del>	
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	0
Part				5	6,894,535
гаг	Complete if the organization answered "Yes" on Form 990,			er neturn.	
	Total expenses and losses per audited financial statements	Part IV, I	irie 12a.	1 4 1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	6,948,004
	Donated services and use of facilities	10-1			
a	Prior year adjustments	2a		-	
b	Other losses	2b		-	
C		2c		-	
d	Other (Describe in Part XIII.)	2d		<del> </del>	_
е 3	Subtract line 2e from line 1			2e	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		3	6,948,004
a		4a		1 1	
b	Other (Describe in Part XIII.)	4b		-	
C				10	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			4c	0
	XIII Supplemental Information.	10 10.7 .	<u> </u>	<u> </u>	6,948,004
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4 Part	V lines 1h and 2	h Part V line	• 4· Part X line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				5 1, 1 u. 1 / 1, 111 / 0
	, Line 2:		<b>,</b>		
<u>rail a</u>	, LINE 4.				
UDEC	accounts for uncertainty in income taxes in their financial statements as requi	rod undor	EASD ASC 740 "	Accounting fo	e Unacetountu
UKEU	accounts for uncertainty in income taxes in their infancial statements as requi	ireu uriaer	FASB ASC 140, 1	Accounting it	or Uncertainty
In Inco	ome Taxes" ("FASB ASC 740"). Under FASB ASC 740, an organization must rec	coanizo th	a tay banafit acca	sisted with to	v nesitiens
111111100	blile rakes ( 1 A3D A3C 740 ). Olider I A3D A3C 740, all digalitzation must rec	Loginze ui	e tax Delielit assoc	nateu with ta	x positions
takon	for tay return purposes when it is more likely than not that the position will be	enetsiond	ODEC door and h		rial unacarana
lancii	for tax return purposes when it is more likely than not that the position will be	Sustailleu	. OREC dues not i	iave any mate	enai uncertain
incom	e tax positions. For the years ended June 30, 2018 and 2017, there were no inte	mast at hi	mallies recorded o	r included in	the
!!!!!!!!	ie tax positions. For the years chaca suite 50, 2010 and 2017, there were no mit	erest or pe	maines recorded (	i iliciadea ili	
Staten	nent of Operations.				
Julen	nent of operations.				
					<del>-</del>

Schedule D (Fo	orm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Ohio Rural Electric Cooperatives, Inc. Employer identification number

51-0174617

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ļ		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	Į		
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	_		
	explain	1b	-	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			;
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			.
	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
-	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		\ <del></del>	
7	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)–(III) for each listed individual must equal the total amount of Form 99U, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or eac	Insted Individual mu	f W 2 and/or 1000 Mis	ount of Form 990, Pa	T VII, Section A, line I	a, applicable colum	1 (U) and (E) amounts	s for that individual.
		(a) Dieakuuwii u	W-2 allu/ul 1039-IVII	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(B)(j+(D)	in column (B) reported
		compensation	compensation	reportable compensation	compensation			As delerred on prior Form 990
Thomas Alban	ε	0	0	0	0	0	0	0
1VP Power Generation	Ξ	213,268	38.8	26	53,446	25,525	297,018	0
Crain Grooms	ε	17,030	:	73	4,291	2,037	23,740	0
2VP Market Operations	Ξ	195,848	8		49,352	23,431	273,006	0
Douglas Miller	ε	154,258	3,045	6,164	94,287	18,108	275,862	0
3VP Statewide Services	Ξ	66,110	6 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	: : : : : : : : : : : : : : : : : : :	40,409	192'1	118,226	0
Patrick O'l oughlin	Ξ	111,419			42,072	5,665	167,502	0
4President & CEO	Ξ	445,677			168,287	22,660	200,007	0
ames Pamisano	Ξ	7,514	18	103	2,280	925	10,840	0
5Chief Accounting Officer	Ξ	142,767			43,329	17,573	205,951	0
William Roberts	€	55,483	570		15,081	5,338	566'11	0
6VP Finance & CFO	Ξ	221,933	2,		60,325	21,352	311,980	0
Charlotte Stout	()	11,180	228		2,586	1,466	15,515	0
7Controller	Ξ	128,575	2	622	29,736	16,863	178,417	0
Brian Calvert	€	0	0	0	0	0	0	0
8Operations & Maintenance Manag	Ξ	147,271	35	1,89	30,288	1,914	181,720	0
Paul Jackson	€	0	0	0	0	0	0	0
9Manager Power Generation Asset	(ii)	147,175	2,350	266	15,514	24,719	190,024	0
Randell Keefer	Ξ	0	0	0	0	0	0	0
10Manager Power Generation Perfor	<u> </u>	150,315	3,350	7.	25,495	24,855	204,750	0
Grea Niese	Ξ	28,722	470	<b>48</b>	15,747	4,969	49,994	0
11Director Information Technology	Ξ	114,888	1,880	346	62,988	19,874	199,977	0
	(i)							
12	Ξ							
	Ξ							
13	Ξ							***************************************
	(1)							
14	(II)							
	Ξ						11 11 11 11 11 11 11 11 11 11 11 11 11	
15	Ξ							
	€							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16	<b>(E)</b>							
							Sch	Schedule J (Form 990) 2017

for any additional information.  40. Patrick OLoughlin and Wilsiam Repents participated in a 457(b) plan. The company contributed \$14,000 and \$1,843, respectively, into this plan on behalf of the participants.  40. Patrick OLoughlin and Wilsiam Repents in a Pension Restoration Plan (RRP) in which there is substantial risk of forfeiture if he is not employed by the company on his payout date.  40. Wilsiam Roberts participates in an Executive Bernefit is the difference between the pension benefit from the RS Plan without the pension limitations and the amount calculated.  41. August 2021, Mr. Robert's future benefit is the difference between the pension benefit from the RS Plan without the pension limitations and the amount calculated.	
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### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 20**17** 

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public

Name o	f the organization			<u> </u>		•			Employ	er ider	ntıficatı	on nur	mber	<u> </u>	
	tural Electric Coopera	tives, Inc.									51-0	01746	17		
Part	Excess Bene Complete if the	fit Transactior le organization	<b>is</b> (section 501 answered "Ye	(c)(3), s" on l	section : Form 99	501(c)(4), a 0, Part IV, I	nd 501 ine 25a	l(c)(29) or a or 25b,	rganıza or For	ations m 990	only) D-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified	nerson	(b) Relationship be			person and		(c) De	scription	of tran	saction	n		(d) Con	rected?
_ '	(a) Name of disqualified			organiza	ation			(0) 50	3CH PHO	. 0	13401101	<u> </u>		Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)			-							·					
2	Enter the amount	of tax incurred	by the organ	nızatıoı	n manag	gers or dis	qualifie	ed perso	ns du	rıng tl	he ye	ar			
	under section 4958										!	▶ \$	<b>.</b>		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıon				1	▶ \$	<u> </u>		
Part	I Loans to and	/or From Inter	ested Person	s.											
	Complete if th	e organization						38a or Fo	orm 99	90, Pa	rt IV,	lıne 2	6, or	f the	
	organization r	eported an am	ount on Form	990, P	art X, line	e 5, 6, or 2	2.								
(a) N:	ame of interested person	(b) Relationship	(c) Purpose of	(4) (	oan to or	(e) Origin	nal	(f) Balanc	e due	(a) In c	default?	(h) An	proved	6) W	ritten
(0) 144	arrie or interested person	with organization	loan	fro	m the	principal an		(i) Dalario	c duc	19/	CILON	by bo	ard or		ment?
			:	orgar	nization?	İ						comn	nittee?		
			1	To	From	1				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)						-									
(7)									-						
(8)			-			_		•							
(9)															
(10)															
Total							.▶ \$	<b>S</b>							
Part	Grants or Ass	sistance Bene													
	Complete if th	ne organization	answered "Ye	s" on I	Form 99	0, Part IV, I	ine 27	•							
(a)	Name of interested person		ship between inter		(c) Amount	t of assistance	(c	f) Type of a	ssistanc	e	(е	) Purpo	se of a	ssistan	ice
(1)		<u> </u>													
(2)				-								-			
(3)							1	· · · · · · · ·							
(4)															
(5)															
(6)		1					<b>—</b> —								
(7)															
(8)			-			<del> </del>				_					
(9)		+	_												
(10)	<del></del>	-						_							

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Share	zation nues
					Yes	N
Lou	ghlin, Miller, Palmisano & Roberts	Officers	77,431	Expense reimbursement		-
					+	
					_	L
					-	┡
					+	╁
	Supplemental Information Provide additional information for		an Cabadula I. /aaa			
_						_
. L	, Part IV					
Pat	rick O'Loughlin, Douglas Miller, Jan	nes Palmisano and William	Roberts are officers	of OREC and the Rural Electric S	<u>ypply</u>	
ativ	e (RESCO). RESCO reimburses ORE	C on a cost basis for salari	es, benefits, building	and general office costs.		

### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**17** ► Attach to Form 990 or 990-EZ. Open to Public Inspection

OMB No 1545-0047

Employer identification number

51-0174617

Department of the Treasury Internal Revenue Service Name of the organization

Ohio Rural Electric Cooperatives, Inc.

► Go to www.irs.gov/Form990 for the latest information.

Form 990, Part VI, Section A, Line 6: Ohio Rural Electric Cooperatives, Inc. has 24 Members which consist of all 24 of the Ohio based electric distribution cooperatives serving Ohio. Form 990, Part VI, Section A, Line 7A. Each of the 24 members of OREC has the right to appoint one person to serve on the Board of Form 990, Part VI, Section B, Line 11 The Form 990 is prepared and reviewed by Company staff and then a copy is provided to the Directors for comments before it is filed with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c OREC annually discusses with officers, directors and key employees the filing and disclosure requirements to determine if any conflicts exist. Form 990, Part VI, Section B, Line 15 Compensation for the CEO and employees are reviewed on an annual basis. OREC participates in industry compensation surveys and obtains the results of these surveys. OREC hires an outside compensation consultant who assists in obtaining additional market compensation data and identifying the appropriate job comparisons. The information for the CEO is reviewed by the Executive Committee and approved by the Board of Directors. A percentage increase in total salary for the employees (excluding the CEO) is approved by the Board of Directors but the actual allocation to the individual employees is determined by the CEO. The Board of Directors separately approves the salary adjustment of the CEO. Form 990, Part VI, Section C, Line 19 Governing documents, conflict of interest policy, and financial statements are provided to the public Form 990, Part XI, Line 9, Changes In Net Assets Post Employment Benefit Plan Adjustment = \$227,159

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public OMB No 1545-0047 2017

Employer identification number Inspection

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 51-0174617 (f)
Direct controlling entity 339,160,181 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 150,041,571 (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(12) (c)
Legal domicile (state
or foreign country) Cat No 50135Y Ohio Ohio (c)
Legal domicile (state
or foreign country) Generate Electric Power (b) Primary activity OHO No current activity Electric Gen & Trans (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (2)Buckeye Power Generating II, LLC 31-0676582 (1)Buckeye Power Generating, LLC 46-1440770 6677 Busch Blvd. Columbus, Ohio 43229 6677 Busch Blvd. Columbus, Ohio 43229 6677 Busch Blvd. Columbus, Ohio 43229 (1)Buckeye Power, Inc. 31-0676582 Ohio Rural Electric Cooperatives, Inc. Part I Part II 4 ල 8 3 ₹ Ō 2 ල 9 9

				7				-	ļ	
(a) (b) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512—514)	Share of total Shar	(g) Share of end-of- year assets	(h) Osproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or 20 managing (-1 partner?)		(k) Percentage ownership
						Yes No		Yes	٤	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)									+	
(2)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	zations Taxable re related organiz	as a Corporationations treated a	on or Trust. Com s a corporation o	plete if the or r trust during	ganization the tax ye	ลารwe ar.	red "Yes" on	Form 990	J, Part	۱۷,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) le Direct controlling ountry) entity	(e) Type of entity (C corp. S corp, or trust)		Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(I) Section 512(b)(13) controlled entity?
									Yes	٥ N
(1)National Power Cooperative, Inc. 31-1670865 6677 Busch Blvd, Columbus, Ohio 43229	Generate Electricity	Ohio		C corp	25,9	25,904,574	118,473,169	100.0%		>
(2)Rural Electric Supply Cooperative 31-0682496 6677 Busch Blvd, Columbus, Ohio 43229	  Electrical Supplies	Ohio		C corp		0	0	0.0%		>
(6)	<del></del>									
(4)										
(9)	,		•							
(9)										
(2)										

Schedule R (Form 990) 2017 Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 트 9 9 = 9 Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 417,632 Cost Amount involved Transaction type (a-s) G Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Sharing of paid employees with related organization(s) . . . . Reimbursement paid by related organization(s) for expenses . . . Reimbursement paid to related organization(s) for expenses . . . Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees by related organization(s) . . Loans or loan guarantees to or for related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) Exchange of asset's with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) Buckeye Power, Inc. Ε Ω O σ **y** _ ⊏ 0 <u>α</u> σ 6 ┏ ._ S N 2 9 ම € 9

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017

Part V Transaction

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of gross revenue, mak was not a related organization; occiminational and society of containing the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of the society of t	gamzauom. 000	191000000000000000000000000000000000000	isalovo filminafi	3	5			£	6	3		3
(a) Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners	ırtners	Share of		Disproportionate	te Code V—UBI			Percentage
			income (related, unrelated, excluded	section 501(c)	<u>ي</u> د ق	total income	<b>=</b>	allocations?	amount in box 20 of Schedule K-1	managing partner?	_	ownership
			from tax under	organizations?	tions?				(Form 1065)			
			sections 512-514)	Yes No	ę			Yes No		Yes	o N	
(1)												
(2)					-							
(3)												
(4)											-	
(5)												
(9)											_	
(7)					_							
(8)												
(6)												
(10)												
(11)								···				
(12)								-				
(13)												
(14)				1								
(15)												
(16)												
									Sche	dule R	(Form 9	Schedule R (Form 990) 2017

Schedule R (F	orm 990) 2017 Page
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
	1 young additional information for responded to questions on confederation of each design.
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	,